we realize that small differences between people become critically important in devising more effective, tailored treatments to improve and extend quality of life while helping doctors and patients better prevent and treat disease. Language and cultural barriers, stigma about participating in studies, and a historical lack of diverse community involvement in clinical trials by industry must be overcome so that all of our communities can be assured that they equally participate in the future of medicine.

To address this problem, we need more studies that reflect the changing face of the HIV/AIDS and other epidemics, both on effective messaging and education campaigns for the diverse group of affected individuals and on possible vaccines. One notable example of this kind of effort is the Gender Race and Clinical Experience (GRACE) study conducted by Tibotec Therapeutics, part of the Johnson & Johnson family of companies. The GRACE study, findings from which were recently presented at the International AIDS Society conference in South Africa, is the largest study to date to examine gender and race differences in response to an HIV therapy. In addition, the trial was designed to help overcome some of the barriers, identified by the advisors, which have historically deterred women and people of color from participating in clinical studies, including stigma, lack of child care, transportation and personal support systems. Based upon advisor and community input, study participants could obtain assistance to cover costs associated with their participation in the study, including funds for travel and childcare, as well as food vouchers. Through innovative strategies like these, the GRACE study was able to enroll seventy percent women, sixty percent African Americans and twenty-two percent Latinos. I believe that the GRACE study is significant for reasons beyond just its clinical results. Studies like this, which are designed to overcome the barriers to participation and engage affected communities and providers show that with greater industry effort, meaningful numbers of women and racial and ethnic minorities can be enrolled in important clinical trials.

For example, studies in the United States and across the world are seeking an answer to the devastating HIV/AIDS epidemic. The epidemic is changing its face, spreading into new populations and presenting new challenges to education and outreach efforts. In the United States, women are increasingly affected by HIV/AIDS, accounting for more than one quarter of all new HIV/AIDS diagnoses, with African American and Latina women representing seventy-nine percent of women living with the disease. HIV/AIDS disproportionately impacts our African American and Latino communities, and the infection rate is rising among Asian American and Pacific Islanders as well. In my home state of California, there are almost 150,000 people living with AIDS, and Latinos represent about one-quarter of these cases. There are over 60,000 people living with HIV/AIDS in the greater Los Angeles area alone. In terms of new HIV infections, Latina women are infected at a rate almost four times as high as white women. African Americans in my district are also highly impacted by HIV/AIDS.

I commend Tibotec Therapeutics, Johnson & Johnson, and all researchers and companies actively engaged in diversifying their clinical trials and creating new relationships with affected communities. As Congress moves forward with health reform, with outcome and effectiveness-based reimbursement models, we must strongly encourage the expansion of efforts industry and academia are making to reflect the diversity of our nation in their workforce and clinical trials.

PERSONAL EXPLANATION

HON. RON KLEIN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. KLEIN of Florida. Madam Speaker, I would have voted on September 15, 2009 when I was unavoidably detained as follows:

Had I voted, I would have voted "yes" on rollcall No. 702.

GOVERNORS OF NEBRASKA, NORTH DAKOTA, NEVADA, AND RHODE ISLAND EXPRESS CONCERNS WITH UNFUNDED MANDATES IN HEALTH REFORM

HON. MIKE ROGERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. ROGERS of Michigan. Madam Speaker, I rise today to express concerns regarding health reform proposals which would create unfunded state mandates. Legislation currently before the House would dramatically expand the Medicaid program and place over $35 billion in new liabilities on state budgets over the next ten years. In addition, these proposals would expand the federal government's role in administering Medicaid, which would severely handcuff states' ability to run their own programs and preempt state authority to manage Medicaid eligibility and benefits.

Over the last several weeks, governors have expressed concerns over these proposals. I would like to submit for the RECORD the following letters from the governors of Nebraska, North Dakota, Nevada and Rhode Island:

SEPTEMBER 16, 2009.

Hon. BENJAMIN NELSON,
U.S. Senator, Hart Building, Washington, DC.
Hon. MIKE JOHANNS,
U.S. Senator, Russell Senate Office Building, Washington, DC.

DEAR SENATOR NELSON AND SENATOR JOHANNS: I am writing to alert you that the analysis provided by the staff to the members of the NGA Health Care Reform Task Force indicates that the Chairman's Mark released by Senator Baucus this morning contains a new unfunded Medicaid mandate. Earlier this year I wrote both of you expressing my concern that this might occur as part of health care reform.

I greatly appreciate the fact that both of you have repeatedly expressed concerns about the negative impact that health care reform could have on the Federal deficit and the State budget. As former Governors you understand the impact that Medicaid has on state spending. This new unfunded federal Medicaid mandate could result in higher taxes on Nebraskans or in cutting state aid to Nebraska's school districts as well as state appropriations to our universities, state colleges and community colleges. This proposal is not in Nebraska's best interests.

As we develop more specific information, I will be providing you with our best estimates of the magnitude of the impact on Nebraska. Thank you for your attention to this matter.

Sincerely,

DAVE HEINEMAN,
Governor, Nebraska.

SEPTEMBER 30, 2009.

KATHLEEN SEBELIUS,
Secretary of Health and Human Services, Hubert H. Humphrey Building, Washington DC.

DEAR SECRETARY SEBELIUS: As Congress and the Administration work through the various versions of health care reform currently moving through the legislative process, we ask that you carefully consider the following issues.

First, having served as chief executive of a state yourself, I am sure you are mindful of the growing concern among the nation's governors about the risk to states of including unfunded mandates in national healthcare legislation. States are constitutionally mandated to balance their budgets, which means that any shortfalls caused by unfunded federal mandates could force increases in taxes, a reduction in services or both. This potential is especially troubling at a time when states are financially struggling.

We cannot be certain what form evolving legislation will take, and what the impact of that final legislation will be on state budgets. For that reason, we, along with the National Governors Association, urge extreme caution in moving forward with any plan that would commit the states, without their express participation and consent, to obligations that may financially bind them for decades into the future.

Second, it is important that any healthcare reform plan passed by Congress and signed by the President reward the states for good Medicare and Medicaid outcomes. North Dakota health care providers, for example, consistently provide low-cost, high-quality healthcare, yet have the lowest reimbursement rates in the nation. Any reform of the system must have incentives for good performance and cost-effectiveness.

Notwithstanding these issues, like Americans everywhere, we too are concerned about rising healthcare costs and the need to provide access to affordable, high-quality healthcare for our citizens. Congress and the Administration should be looking at a range of reforms chat can deliver meaningful and almost immediate benefits for our healthcare system. These include measures, among others, like tort reform for medical liability; tax credits to help make insurance more affordable; providing transparency in billing; ensuring healthcare insurance portability; and limiting denials for preexisting conditions.

Clearly, healthcare reform is needed. On that matter there is no disagreement, but it needs to be done right. To that end, I do hope that you will keep in mind OUR concerns and recommendations as you consider proposals to improve America's healthcare system.

Sincerely,

JOHN HOEVEN,
Governor, North Dakota.

SEPTEMBER 11, 2009.

Hon. HARRY REID,
Senate Majority Leader, U.S. Senate, Washington, DC.

DEAR SENATOR REID: It has been clear from the early days of the 111th Congress that health insurance reform will be a top priority for lawmakers this year. Comprehensive reform should lower health care costs while increasing insured populations, quality of care, and point-of service accessibility for all Nevadans.